Page 1

County: Milwaukee COMSTOCK CARE CENTER 3025 WEST MITCHELL

MI LWAUKEE Phone: (414) 607-4100 Ownershi p: Nonprofit Church-Related 53215 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): **50** Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 69 Average Daily Census: 48

Number of Residents on 12/31/00: 46

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	 %	Age Groups	 %	Less Than 1 Year	50. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	10. 9
Day Services	No	Mental Illness (Org./Psy)	32.6	65 - 74	13. 0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	50 . 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 2	85 - 94	32. 6	****************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	4. 3	Full-Time Equivalen	it
Congregate Meals	No	Cancer	2. 2			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	13. 0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	4. 3	65 & 0ver	100.0		
Transportation	No	Cerebrovascul ar	13. 0			RNs	6. 3
Referral Service	No	Diabetes	2. 2	Sex	%	LPNs	9. 8
Other Services	No	Respi ratory	0.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	30. 4	Male	41. 3	Aides & Orderlies	41. 6
Mentally Ill	No			Female	58. 7		
Provide Day Programming for		[100.0				
Developmentally Disabled	No				100. 0		
***********	****	*********	*****	******	******	*******	*****

Method of Reimbursement

		35 10				• 1											
	Medicare (Title 18)			Medicaid (Title 19)			0ther			Private Pay			M	. 1 C		.	
		(1111)	e 18)		(II tie	19)		otn	er	P	rivate	Pay		Manag	ed Care		Percent
			Per Die	em		Per Die	m		Per Die	n		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	1	20. 0	\$240. 00	2	5. 6	\$120.00	0	0. 0	\$0. 00	1	50. 0	\$132.00	1	33. 3	\$101. 91	5	10. 9%
Skilled Care	4	80. 0	\$240.00	34	94. 4	\$101.91	0	0. 0	\$0.00	1	50. 0	\$132.00	2	66. 7	\$101.91	41	89. 1%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		36	100. 0		0	0.0		2	100.0		3	100.0		46	100.0%

COMSTOCK CARE CENTER

**********	*****	*********	******	******	*********	*********	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/00
Deaths During Reporting Period							
				9/	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	7. 7	Bathi ng	4. 3		50. 0	45. 7	46
Other Nursing Homes	3.8	Dressi ng	6. 5		63. 0	30. 4	46
Acute Care Hospitals	78. 2	Transferring	17. 4		56 . 5	26. 1	46
Psych. HospMR/DD Facilities	1.3	Toilet Use	17. 4		56 . 5	26. 1	46
Rehabilitation Hospitals	1.3	Eati ng	65. 2		15. 2	19. 6	46
Other Locations	2.6	**************	******	******	******	*********	******
Total Number of Admissions	78	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.3	Recei vi ng	Respi ratory Care	15. 2
Private Home/No Home Health	0.0	0cc/Freq. Incontinen	t of Bladder	60. 9	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	22.5	0cc/Freq. Incontinen	t of Bowel	41.3	Recei vi ng	Sucti oni ng	2. 2
Other Nursing Homes	3.8				Recei vi ng	Ostomy Care	4. 3
Acute Care Hospitals	47. 5	Mobility			Recei vi ng	Гube Feeding	6. 5
Psych. HospMR/DD Facilities	1.3	Physically Restraine	ed	0.0	Recei vi ng	Mechanically Altered Diets	60. 9
Rehabilitation Hospitals	0.0						
Other Locations	1.3	Skin Care			Other Reside	nt Characteristics	
Deaths	23.8	With Pressure Sores		6. 5	Have Advan	ce Directives	76. 1
Total Number of Discharges		With Rashes		6. 5	Medi cati ons		
(Including Deaths)	80				Recei vi ng	Psychoactive Drugs	23. 9
**********	*****	********	******	******	*********	*********	******

	Ownership: This Nonprofit Facility Peer Group		Bed	Size:	Li c	ensure:			
			Nonprofit		- 99	Ski l	lled	All Facilities	
			Peer	Group	Peer	Group			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	69. 6	91. 5	0. 76	86. 1	0. 81	81. 9	0.85	84. 5	0.82
Current Residents from In-County	100	87. 4	1. 14	90. 2	1. 11	85. 6	1. 17	77. 5	1. 29
Admissions from In-County, Still Residing	29. 5	27. 5	1. 07	22. 1	1. 34	23. 4	1. 26	21.5	1. 37
Admissions/Average Daily Census	162. 5	115. 2	1.41	168. 8	0. 96	138. 2	1. 18	124. 3	1. 31
Discharges/Average Daily Census	166. 7	118. 5	1.41	169. 2	0. 98	139. 8	1. 19	126. 1	1. 32
Discharges To Private Residence/Average Daily Census	37. 5	35. 5	1.06	70. 9	0. 53	48. 1	0. 78	49. 9	0.75
Residents Receiving Skilled Care	100	89. 5	1. 12	93. 2	1.07	89. 7	1. 11	83. 3	1. 20
Residents Aged 65 and Older	100	96. 9	1.03	93. 4	1.07	92. 1	1.09	87. 7	1.14
Title 19 (Medicaid) Funded Residents	78. 3	57. 6	1. 36	51.5	1. 52	65. 5	1. 20	69. 0	1. 13
Private Pay Funded Residents	4. 3	35. 4	0. 12	36. 3	0. 12	24. 5	0. 18	22. 6	0. 19
Developmentally Disabled Residents	0. 0	0.4	0.00	0.4	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	32. 6	30. 8	1.06	33. 0	0. 99	31. 5	1.04	33. 3	0. 98
General Medical Service Residents	30. 4	24. 9	1. 22	24. 2	1. 26	21.6	1.41	18. 4	1.65
Impaired ADL (Mean)	54. 3	50. 5	1.08	48.8	1. 11	50. 5	1.08	49. 4	1. 10
Psychological Problems	23. 9	45. 5	0. 53	47. 7	0. 50	49. 2	0.49	50. 1	0. 48
Nursing Care Required (Mean)	12. 8	6. 6	1.94	7. 3	1. 75	7. 0	1.82	7. 2	1. 79